

Amended Statement Cover

May 4, 2004

Ms. Jill Anne Huisken
Senior Financial Analyst
Office of Financial and Insurance Services
P.O. Box 30220
Lansing, MI 48909-7720

Dear Jill:

This letter as well as the revised 2003 annual statement is our response to your letter dated April 8, 2004. The headings and item numbers below correspond to those on your letter.

Actuarial Opinion

1. The original actuarial opinion has been attached.
2. We corrected the annual statement. \$350,000 was inadvertently included as accrued other liabilities on page 3, column 3, line 21. This amount has been adjusted to reduce page 3, column 3, line 21 by this amount and increase page 3, column 3, line 1 by the same amount. Claims unpaid now agrees with the actuarial opinion. Accordingly, adjustments have also been made to the following pages to reflect this change - pages 6, 9, 10, 11, 12, 20, 54 and FIS 0321.
3. See attached letter regarding information submitted to actuary.

Supplemental Compensation Exhibit

1. The question regarding being part of a holding company has been changed to "yes".
2. The amounts submitted for 2003, 2002 and 2001 on the 2003 Exhibit SC are actual compensation. The amounts submitted in 2002 were estimated amounts.
3. Beginning in 2003, compensation for employees who perform services for both Total Health Care, Inc. and Total Health Choice, Inc. were allocated accordingly. Therefore, some employees listed on last years exhibit are not included as the amount of their compensation allocated to Total Health Care, Inc. was less than \$100,000.

Management Discussion & Analysis

See revised MD&A attached.

FIS 320

This form has not yet been revised. Karen Connolly, who helped prepare this form, has been out this week for personal matters. I anticipate that this will get revised early next week.

QAAP Tax

The QAAP tax has been corrected to be reported as a negative revenue on page 4, line 6. As such it has no impact on how we reported RBC. See the revised statement.

Exhibit 3

This exhibit now tie to page 2, line 12. See revised statement.

Exhibit 5

This exhibit, line 0799999, column 7 now ties to page 3, line 1, column 3 plus page 3, line 1, inside amount as it should. See revised statement.

General Interrogatories

1. G.I. Part 1, #3.3 - The date has been changed to March 17, 2004. See revised statement.
2. G.I. Part 1, #26.1 - Amount has been added for \$1,257,559 to agree with U&I Ex. Part 3. See revised statement.

Amended Statement Cover

- 3. G.I. Part 2, #2 - This has been completed. See revised statement.
- 4. G.I. Part 2, #5.3 - We have changed the amount to \$326,000. See revised statement.
- 5. G.I. Part 2, #6 - This has now been completed. See revised statement.
- 6. G.I. Part 2, #8 - This has been revised. See revised statement.
- 7. G.I. Part 2, #11 - Both 11.4 and 11.6 have been completed. See revised statement.

Notes to Financial Statements

- 1. Note 1 - In regards to the allowance for doubtful accounts, this is noted and will be changed for the quarter ended March 31, 2004.
- 2. Note 1 - Based on our discussion the portion of this footnote related to the QAAP is fine as the amount has been broken out on the Statement of Revenue and Expenses
- 3. Note 15 - We have added the lease footnote. See revised footnotes.
- 4. Note 20 - This has been updated accordingly and the remaining footnotes have been renumbered.
- 5. We have added a comment to Note 10 regarding A Total Health Choice's withdrawal from the Wayne County business.

Item Regarding Accrued Interest

This item has been noted, and in the future we will report the appropriate amount of interest income related to bonds as such.

Schedule DA - Part 1

- 1. The interest rates have been provided for both money market accounts. See revised statement.
- 2. The CUSIP# for the Janus account. See revised statement.

Schedule Y - Part 2

Based on our discussion, the amounts have been removed.

Reporting Errors

- 1. U&I Ex - Part 2, line 1.1, column 1 now ties to Exhibit 8, line 13, column 1. See revised statement.
- 2. U&I Ex - Part 2C (Grand Total), column 8, line 7 X 1,000 now equals page 3, column 3, line 3. See revised statement.
- 3. U&I Ex - Part 2C (Grand Total), column 7, line 7 X 1,000 now equals page 3, column 3, the sum of lines 1, 2, and 7. See revised statement.
- 4. Exhibit of Premiums, Enrollment and Utilization column 1, line 17 now agrees with U&I Exhibit - Part 2, column 1, line 1.1. It also ties to Exhibit 8, column 1, line 13. See revised statement.
- 5. Exhibit of Premiums, Enrollment and Utilization column 1, line 18 now agrees with U&I Exhibit - Part 2, line 11.1. See revised statement.

We have noted the final two items you brought to our attention and we will correct on a going forward basis.

Please call me with any questions at 313.871.7879

Sincerely,

Brian J. Efrusy

Amended Statement Cover

ANNUAL STATEMENT

For the Year Ending December 31, 2003

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

NAIC Group Code

1238

(Current Period)

,

1238

(Prior Period)

NAIC Company Code

95644

Employer's ID Number

38-2018957

Organized under the Laws of

Michigan

,

State of Domicile or Port of Entry

Michigan

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health[]

Dental Service Corporation[]

Other[]

Property/Casualty[]

Vision Service Corporation[]

Is HMO Federally Qualified? Yes[X] No[]

Hospital, Medical & Dental Service or Indemnity[]

Health Maintenance Organization[X]

Date Incorporated or Organized

07/01/1973

Date Commenced Business

05/01/1976

Statutory Home Office

3011 W. GRAND BLVD. SUITE 1600

(Street and Number)

,

DETROIT, MI 48202

(City, or Town, State and Zip Code)

Main Administrative Office

3011 W. GRAND BLVD. SUITE 1600

(Street and Number)

DETROIT, MI 48202

(City or Town, State and Zip Code)

(313)871-2000

(Area Code) (Telephone Number)

Mail Address

3011 W. GRAND BLVD. SUITE 1600

(Street and Number or P.O. Box)

,

DETROIT, MI 48202

(City, or Town, State and Zip Code)

Primary Location of Books and Records

3011 W. GRAND BLVD. SUITE 1600

(Street and Number)

DETROIT, MI 48202

(City, or Town, State and Zip Code)

(313)871-2000

(Area Code) (Telephone Number)

Internet Website Address

TOTALHEALTHCAREONLINE.COM

Statutory Statement Contact

BRIAN EFRUSY, CFO

(Name)

BEFRUSY@THC-ONLINE.COM

(E-Mail Address)

(313)871-7879

(Area Code)(Telephone Number)(Extension)

(313)871-7406

(Fax Number)

Policyowner Relations Contact

3011 W. GRAND BLVD., STE. 1600

(Street and Number)

DETROIT, MI 48202

(City, or Town, State and Zip Code)

(313)871-2000

(Area Code) (Telephone Number)(Extension)

OFFICERS

EXECUTIVE DIRECTOR

LYLE EDWARD ALGATE

SECRETARY

GERTRUDE HELEN MINKIEWICZ

TREASURER

MARY JANE CLAY

MEDICAL DIRECTOR

ROBYN JAMES ARRINGTON JR.,M.D.

CO-TREASURER

JEANETTE ABBOTT

VICE PRESIDENTS

DIRECTORS OR TRUSTEES

FRANCES LYNCH

DOUGLAS PAUL BAKER

KATHLEEN THERESA KATHER

ELEANOR BETTS

RUBY OCTAVIA COLE

State of

Michigan

County of

WAYNE

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

(Signature)

LYLE EDWARD ALGATE

(Printed Name)

EXECUTIVE DIRECTOR

(Signature)

GERTRUDE HELEN MINKIEWICZ

(Printed Name)

Secretary

(Signature)

MARY JANE CLAY

(Printed Name)

Treasurer

a. Is this an original filing?

Yes[] No[X]

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

1

05/06/2004

1

Subscribed and sworn to before me this

day of

, 2004

(Notary Public Signature)

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group Subscribers:						
BOARD OF EDUCATION	34,331	13,522				47,853
CITY OF DETROIT	468,412	481,810		142,082	142,082	950,222
CITY OF DETROIT FIRE DEPT	4,631	5,653				10,284
CITY OF DETROIT (DOT)	64,547	62,455				127,002
FEDERAL EMPLOYEE (NONPOST)	39,164	61,698				100,862
FEDERAL EMPLOYEE (POST)	71,934	66,509				138,443
PEMBROOK NURSING CENTER	12,282					12,282
ST ANNES CONVALESCENT	4,878	5,336				10,214
UNITED AIRLINES	38,920	13,721				52,641
WESTWOOD NURSING CENTER	17,917					17,917
0299997 Subtotal - Group Subscribers:	757,016	710,704		142,082	142,082	1,467,720
0299998 Premium due and unpaid not individually listed	49,080					49,080
0299999 Total group	806,096	710,704		142,082	142,082	1,516,800
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	300,000					300,000
0599999 Accident and health premiums due and unpaid (Page 2, Line 12) ..	1,106,096	710,704		142,082	142,082	1,816,800

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
MEDICAID MATERNITY	415,290					415,290
FIRST HEALTH PHARMACY	440,715					440,715
0499999 Total - Receivables not individually listed	52,688					52,688
0599999 Health care receivables	908,693					908,693

EXHIBIT 5 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
4D PHARMACY	1,607,299					1,607,299
0199999 Total - Individually Listed Claims Unpaid	1,607,299					1,607,299
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	(33,201)					(33,201)
0499999 Subtotals	1,574,098					1,574,098
0599999 Unreported claims and other claim reserves						16,022,845
0699999 Total Amounts Withheld						4,710,807
0799999 Total Claims Unpaid						22,307,750
0899999 Accrued Medical Incentive Pool and Bonus Amounts						597,649

21 Exhibit 6 - Ammounts Due From Parent - NONE

22 Exhibit 7 - Amounts Due to Parent - NONE

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	25,665,299	29.108	654,777	100.000		25,665,299
2.	Intermediaries						
3.	All other providers						
4.	Total capitation payments	25,665,299	29.108	654,777	100.000		25,665,299
Other Payments:							
5.	Fee-for-service	2,470,540	2.802	X X X	X X X		2,470,540
6.	Contractual fee payments	59,598,909	67.593	X X X	X X X		59,598,909
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	438,864	0.498	X X X	X X X		438,864
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	Total other payments	62,508,313	70.892	X X X	X X X		62,508,313
13.	Total (Line 4 plus Line 12)	88,173,612	100.000	X X X	X X X		88,173,612

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment						
2.	Medical furniture, equipment and fixtures	N O N E					
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1238

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	53,327	10	4,372				633		48,312				
2. First Quarter	55,949	12	4,454				713		50,770				
3. Second Quarter	53,531	13	4,908				724		47,886				
4. Third Quarter	55,658	17	5,769				718		49,154				
5. Current Year	55,867	17	6,386				706		48,758				
6. Current Year Member Months	654,777	169	62,787				8,569		583,252				
Total Member Ambulatory Encounters for Year:													
7. Physician	281,174	50	18,511				2,526		260,087				
8. Non-Physician	118,913	17	6,323				863		111,710				
9. Total	400,087	67	24,834				3,389		371,797				
10. Hospital Patient Days Incurred	24,262	4	1,445				197		22,616				
11. Number of Inpatient Admissions	5,875	1	317				51		5,506				
12. Health Premiums Collected	114,240,417	24,080	10,749,273				1,170,493		102,296,571				
13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	114,856,586	25,654	11,334,058				1,250,303		102,246,571				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	88,595,224	16,056	7,239,537				608,852		80,730,779				
18. Amount of Incurred for Provision of Health Care Services	91,162,274	16,714	7,484,039				642,221		83,019,300				

35 Grand Total

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. DIVISION:

NAIC Group Code 1238

BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR

NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	53,327	10	4,372				633		48,312				
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6. Current Year Member Months	654,777	169	62,787				8,569		583,252				
Total Member Ambulatory Encounters for Year:													
7. Physician	281,174	50	18,511				2,526		260,087				
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9. Total	400,087	67	24,834				3,389		371,797				
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13. Life Premiums Direct													
14. Property/Casualty Premiums Written													
15. Health Premiums Earned	114,856,586	25,654	11,334,058				1,250,303		102,246,571				
16. Property/Casualty Premiums Earned													
17. Amount Paid for Provision of Health Care Services	88,595,224	16,056	7,239,537				608,852		80,730,779				
18. Amount of Incurred for Provision of Health Care Services	91,162,274	16,714	7,484,039				642,221		83,019,300				

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 12	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	

NONE

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. Government, Schedules D & DA (Group 1)											
1.1	Class 1											
1.2	Class 2											
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1											
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1		1,000,000				1,000,000	100.00	X X X	X X X	1,000,000	
10.2 Class 2								X X X	X X X		
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS		1,000,000				(b) 1,000,000	100.00	X X X	X X X	1,000,000	
10.8 Line 10.7 as a % of Column 6		100.00				100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Class 1		500,000				X X X	X X X	500,000	100.00	500,000	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS		500,000				X X X	X X X	(b) 500,000	100.00	500,000	
11.8 Line 11.7 as a % of Col. 8		100.00				X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Class 1		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	X X X
12.2 Class 2											X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	X X X
12.8 Line 12.7 as a % of Col. 6		100.00				100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10		100.00				100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes \$.....1,000,000 current year, \$.....500,000 prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes \$..... current year, \$..... prior year of bonds with 5* designations and \$..... current year, \$..... prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. Governments, Schedules D & DA (Group 1)											
1.1	Issuer Obligations											
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
1.7	TOTALS											
2.	All Other Governments, Schedules D & DA (Group 2)											
2.1	Issuer Obligations											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3	Defined											
2.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5	Defined											
2.6	Other											
2.7	TOTALS											
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)											
3.1	Issuer Obligations											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3	Defined											
3.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5	Defined											
3.6	Other											
3.7	TOTALS											
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1	Issuer Obligations											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3	Defined											
4.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5	Defined											
4.6	Other											
4.7	TOTALS											
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH. D & DA (Group 5)											
5.1	Issuer Obligations											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds											
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3	Defined											
5.4	Other											
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5	Defined											
5.6	Other											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations											
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS											
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.6 Other											
7.7 TOTALS		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. Total Bonds Current Year											
10.1 Issuer Obligations		1,000,000				1,000,000	100.00	X X X	X X X	1,000,000	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								X X X	X X X		
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								X X X	X X X		
10.6 Other								X X X	X X X		
10.7 TOTALS		1,000,000				1,000,000	100.00	X X X	X X X	1,000,000	
10.8 Line 10.7 as a % of Column 6		100.00				100.00	X X X	X X X	X X X	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations		500,000				X X X	X X X	500,000	100.00	500,000	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						X X X	X X X				
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						X X X	X X X				
11.6 Other						X X X	X X X				
11.7 TOTALS		500,000				X X X	X X X	500,000	100.00	500,000	
11.8 Line 11.7 as a % of Column 8		100.00				X X X	X X X	100.00	X X X	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											X X X
12.6 Other											X X X
12.7 TOTALS		1,000,000				1,000,000	100.00	500,000	100.00	1,000,000	X X X
12.8 Line 12.7 as a % of Column 6		100.00				100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10		100.00				100.00	X X X	X X X	X X X	100.00	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - PART 2
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year	6,473,031			6,473,031	
2.	Cost of short-term investments acquired	84,263			84,263	
3.	Increase (decrease) by adjustment					
4.	Increase (decrease) by foreign exchange adjustment					
5.	Total profit (loss) on disposal of short-term investments					
6.	Consideration received on disposal of short-term investments					
7.	Book/adjusted carrying value, current year	6,557,294			6,557,294	
8.	Total valuation allowance					
9.	Subtotal (Lines 7 plus 8)	6,557,294			6,557,294	
10.	Total nonadmitted amounts					
11.	Statement value (Lines 9 minus 10)	6,557,294			6,557,294	
12.	Income collected during year	84,263			84,263	
13.	Income earned during year	82,192			82,192	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: Money Market Funds

45 Schedule DB Part A Verification - NONE

45 Schedule DB Part B Verification - NONE

46 Schedule DB Part C Verification - NONE

46 Schedule DB Part D Verification - NONE

46 Schedule DB Part E Verification - NONE

47 Schedule DB Part F Sn 1 - Sum Replicated Assets - NONE

48 Schedule DB Part F Sn 2 - Recon Replicated Assets - NONE

49 Schedule S - Part 1 - Section 2 - NONE

SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
90611	41-1366075 ...	11/01/2003	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA	MINNEAPOLIS, MN		
0599999 Total - Accident and Health, Non-Affiliates						
0699999 Totals - Accident and Health						
0799999 Totals - Life, Annuity and Accident and Health						

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
90611	41-1366075 ...	11/01/2003	ALLIANZ LIFE INSURANCE CO OF NORTH AMERICA	MINNEAPOLIS, MN	SSL/L	422,134						
0299999 Total - Non-Affiliates						422,134						
0399999 Totals						422,134						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
					NONE								
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2003	2 2002	3 2001	4 2000	5 1999
A. OPERATIONS ITEMS					
1. Premiums	46	34	46	34	37
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	376	374	226	155	136
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses		28	65		
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	36,289,512		36,289,512
2. Accident and health premiums due and unpaid (Line 12)	1,816,800		1,816,800
3. Amounts recoverable from reinsurers (Line 13.1)			
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	954,291		954,291
6. Total assets (Line 26)	39,060,603		39,060,603
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	22,307,750		22,307,750
8. Accrued medical incentive pool and bonus payments (Line 2)	597,649		597,649
9. Premiums received in advance (Line 8)	171,027		171,027
10. Reinsurance in unauthorized companies (Line 18)			
11. All other liabilities (Balance)	2,383,760		2,383,760
12. Total liabilities (Line 22)	25,460,186		25,460,186
13. Total capital and surplus (Line 30)	13,600,417	X X X	13,600,417
14. Total liabilities, capital and surplus (Line 31)	39,060,603		39,060,603
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid			
16. Accrued medical incentive pool			
17. Premiums received in advance			
18. Reinsurance recoverable on paid losses			
19. Other ceded reinsurance recoverables			
20. Total ceded reinsurance recoverables			
21. Premiums receivable			
22. Unauthorized reinsurance			
23. Other ceded reinsurance payables/offsets			
24. Total ceded reinsurance payables/offsets			
25. Total net credit for ceded reinsurance			

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
..... .. 95644 ..	.. 38-3240485 38-2018957 ..	A TOTAL HEALTH CHOICE TOTAL HEALTH CARE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
9999999 Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
MARCH FILING	
1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
3. Will an actuarial certification be filed by March 1?	Yes
4. Will the Risk-based Capital Report be filed with the NAIC by March 1?	Yes
5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
6. Will the SVO Compliance Certification be filed by March 1?	See Explanation
7. Will the Life Supplement be filed with the state of domicile and the NAIC by March 1?	No
8. Will the Property/Casualty Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
9. Will Management's Discussion and Analysis be filed by April 1?	Yes
10. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?	No
11. Will the Investment Risks Interrogatories be filed by April 1?	Yes
JUNE FILING	
12. Will an audited financial report be filed by June 1 with the state of domicile?	Yes
Explanations:	

SVO COMPLIANCE CERTIFICATION NOT REQUIRED BY STATE OF DOMICILE

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



956442003360000002003Document Code: 360

Health Life Supplement



956442003205000002003Document Code: 205

Health Property / Casualty Supplement



956442003207000002003Document Code: 207

LTC Experience Reporting Form C



956442003330000002003Document Code: 330

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

	1 End of Current Year	2 End of Prior Year	3 Changes for Year (Increase) or Decrease
0404.
0497. Summary of remaining write-ins for Line 4 (Lines 0404 through 0496)

LS1 Life Supplement Title Page - NONE

LS2 Exhibit 5 - Aggregate Reserve for Life - NONE

LS3 Exhibit 5 - Interrogatories - NONE

LS4 Exhibit 7 - Deposit Type Contracts - NONE

LS5 Schedule S - Part 1 - Section 1 - NONE

LS6 Schedule S - Part 3 - Section 1 - NONE

OVERFLOW PAGE FOR WRITE-INS

PS1	Property Supplement Title Page -	NONE
PS2	Schedule F Part 1 Assumed Reinsurance -	NONE
PS3	Schedule F Part 3 Ceded Reinsurance -	NONE
PS4	Schedule P - Part 1 Summary -	NONE
PS5	Schedule P - Part 1A -	NONE
PS6	Schedule P - Part 1B -	NONE
PS7	Schedule P - Part 1C -	NONE
PS8	Schedule P - Part 1D -	NONE
PS9	Schedule P - Part 1E -	NONE
PS10	Schedule P - Part 1F Sn 1 -	NONE
PS11	Schedule P - Part 1F Sn 2 -	NONE
PS12	Schedule P - Part 1G -	NONE
PS13	Schedule P - Part 1H Sn 1 -	NONE
PS14	Schedule P - Part 1H Sn 2 -	NONE
PS15	Schedule P - Part 1I -	NONE
PS16	Schedule P - Part 1J -	NONE
PS17	Schedule P - Part 1K -	NONE
PS18	Schedule P - Part 1L -	NONE
PS19	Schedule P - Part 1M -	NONE
PS20	Schedule P - Part 1N -	NONE
PS21	Schedule P - Part 1O -	NONE

PS22	Schedule P - Part 1P -	NONE
PS23	Schedule P - Part 1R Sn 1 -	NONE
PS24	Schedule P - Part 1R Sn 2 -	NONE
PS25	Schedule P - Part 1S -	NONE
PS26	Schedule P - Part 2 Summary -	NONE
PS27	Schedule P - Part 2A -	NONE
PS27	Schedule P - Part 2B -	NONE
PS27	Schedule P - Part 2C -	NONE
PS27	Schedule P - Part 2D -	NONE
PS27	Schedule P - Part 2E -	NONE
PS28	Schedule P - Part 2F Sn 1 -	NONE
PS28	Schedule P - Part 2F Sn 2 -	NONE
PS28	Schedule P - Part 2G -	NONE
PS28	Schedule P - Part 2H Sn 1 -	NONE
PS28	Schedule P - Part 2H Sn 2 -	NONE
PS29	Schedule P - Part 2I -	NONE
PS29	Schedule P - Part 2J -	NONE
PS29	Schedule P - Part 2K -	NONE
PS29	Schedule P - Part 2L -	NONE
PS29	Schedule P - Part 2M -	NONE
PS30	Schedule P - Part 2N -	NONE
PS30	Schedule P - Part 2O -	NONE
PS30	Schedule P - Part 2P -	NONE
PS31	Schedule P - Part 2R Sn 1 -	NONE
PS31	Schedule P - Part 2R Sn 2 -	NONE
PS31	Schedule P - Part 2S -	NONE
PS32	Schedule P - Part 3 Summary (Work Paper) -	NONE
PS33	Schedule P - Part 3A (Work Paper) -	NONE
PS33	Schedule P - Part 3B (Work Paper) -	NONE
PS33	Schedule P - Part 3C (Work Paper) -	NONE
PS33	Schedule P - Part 3D (Work Paper) -	NONE
PS33	Schedule P - Part 3E (Work Paper) -	NONE
PS34	Schedule P - Part 3F Sn 1 (Work Paper) -	NONE
PS34	Schedule P - Part 3F Sn 2 (Work Paper) -	NONE
PS34	Schedule P - Part 3G (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 1 (Work Paper) -	NONE
PS34	Schedule P - Part 3H Sn 2 (Work Paper) -	NONE
PS35	Schedule P - Part 3I (Work Paper) -	NONE
PS35	Schedule P - Part 3J (Work Paper) -	NONE
PS35	Schedule P - Part 3K (Work Paper) -	NONE
PS35	Schedule P - Part 3L (Work Paper) -	NONE
PS35	Schedule P - Part 3M (Work Paper) -	NONE
PS36	Schedule P - Part 3N (Work Paper) -	NONE
PS36	Schedule P - Part 3O (Work Paper) -	NONE
PS36	Schedule P - Part 3P (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 1 (Work Paper) -	NONE
PS37	Schedule P - Part 3R Sn 2 (Work Paper) -	NONE
PS37	Schedule P - Part 3S (Work Paper) -	NONE